

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WV</i>		<i>10/2/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>WN</i>	<i>67479</i>	<i>12/4/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/2/00
2	✓	✓	10/2/00
3	✓	✓	10/2/00
4	✓	✓	10/2/00
5	✓	✓	10/2/00
6	✓	✓	10/2/00
7	✓	✓	10/2/00
8	✓	✓	10/2/00
9	✓	✓	10/2/00
10	✓	✓	10/2/00
11	✓	✓	10/2/00
12	✓	✓	10/2/00
13	✓	✓	10/2/00
14	✓	✓	10/2/00
15	✓	✓	10/2/00
16	✓	✓	10/2/00
17	✓	✓	10/2/00
18	✓	✓	10/2/00
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28	✓	✓	10/2/00
29	✓	✓	10/2/00
30	✓	✓	10/2/00
31	✓	✓	10/2/00
32	✓	✓	10/2/00
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44	✓	✓	10/2/00
45	✓	✓	10/2/00
46	✓	✓	10/2/00
47	✓	✓	10/2/00
48	✓	✓	10/2/00
49	✓	✓	10/2/00
50	✓	✓	10/2/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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